FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46820** (1)

1. Corporation Name

FINANCIAL SERVICES MARKETING DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
950 N ORLANDO AVE SUITE 300 WINTER PARK FL 32789	950 N ORLANDO AVE SUITE 300 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 950 RAILROAD AVE
22 Suite, Apt. #, etc.:
23 City & State: WINTER PARK FL
24 Zip: 32789 25 Country: USA

2a. Mailing Address
26: P.O. BOX 1420
27 Suite, Apt. #, etc.:
28 City & State: WINTER PARK FL
29 Zip: 32790 30 Country: USA

4. FEI Number: 59-2992688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHOFIELD, JOHN, K
950 N ORLAND AVE
SUITE 300
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 950 RAILROAD AVENUE
83:
84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHOFIELD, JOHN K.	1.2 NAME	
STREET ADDRESS	950 N. ORLANDO AVE.#300	1.3 STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	ST	2.1 TITLE	ST ☒ Change ☐ Addition
NAME	FOREST, WARREN A	2.2 NAME	PEGGY J. HILL
STREET ADDRESS	950 N. ORLANDO AVENUE, 300	2.3 STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy J. Hill — PEGGY J. HILL — 3.9.95 — 407-620-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046031 CP